

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2009***(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Docket Number (Optional)

KKH-0034

Application Number 10/520,406-Conf. #5490

Filed January 6, 2005

For PROCESSING APPARATUS AND PROCESSING METHOD

Art Unit 1792

Examiner S. R. MacArthur

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | Fee    | Small Entity Fee |           |
|---|--------|------------------|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130  | \$65             | \$ 130.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$490  | \$245            | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1110 | \$555            | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1730 | \$865            | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2350 | \$1175           | \$        |

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ attorney or agent of record. Registration Number 29,211☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34  
Signature

December 15, 2008

Date

Carl Schaukowitch  
Typed or printed name(202) 955-3750  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 form is submitted.

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|---|----------------------------------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)   |                                  | <b>Docket Number (Optional)</b><br>KKH-0034 |                         |
| <b>Application Number</b> 10/520,406-Conf. #5490  |                                  | <b>Filed</b> January 6, 2005                |                         |
| <b>For</b> PROCESSING APPARATUS AND PROCESSING METHOD   |                                  |   |                         |
| <b>Art Unit</b> 1792  |                                  | <b>Examiner</b> S. R. MacArthur             |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |   |                         |
|   |                                  | <u>Fee</u>                                  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$130                                       | \$65 \$ 130.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$490                                       | \$245 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1110                                      | \$555 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1730                                      | \$865 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2350                                      | \$1175 \$               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                         |
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| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013  |                                  |   |                         |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |                                  |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 29,211   |                                  |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |                                  |   |                         |
| _____<br>Signature  |                                  | _____<br>Date                               |                         |
| _____<br>Carl Schaukowitch<br>Typed or printed name   |                                  | _____<br>(202) 955-3750<br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |   |                         |
| <input type="checkbox"/> Total of 1 form is submitted.  |                                  |   |                         |